

Dentist costs

Effective 01 June 2024

ACC Information sheet

This information sheet lists the Cost of Treatment Regulations amounts ACC can pay for dentistry treatments.

Code	Item description	Flat rate \$ (excl. GST)	Flat rate \$ (incl. GST)
DE1	Dental consultation, including examination (6 monthly or for a new treatment plan)	52.05	59.86
DE2	Periodic oral examination/review (not to be claimed the same day as treatment)	33.46	38.48
DE3	Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work) – including study models and photographs, and tomography	143.70	165.26
Radiological examination and interpretation			
DX1	Periapical or bitewing film (each)	26.01	29.91
DX2	Occlusal (each)	26.01	29.91
DX3	Panorex	68.01	78.21
DX4	Other additional images (per treatment episode)	10.26	11.80
DX7	Acute sedation (IV only) (initial consultation only)	179.61	206.55
Emergency temporary cover			
DT1	Emergency temporary cover (not to be used with a definitive treatment code)	50.38	57.94
General oral surgery			
Extractions			
DG1	Extraction of permanent or deciduous tooth per first tooth (deciduous teeth must have sufficient root to be classified as an extraction – evidence of this is required)	134.41	154.57
DG2	Surgical removal of tooth (includes insertion and removal of sutures)	215.54	247.87
DG4	Extraction of subsequent permanent or deciduous tooth in same quadrant as for DG ₁	73.44	84.46

Code	Item description	Flat rate \$ (excl. GST)	Flat rate \$ (incl. GST)
Surgery			
DG5	Management of minor lacerations by suturing per operative site (initial examination or emergency use only, includes removal of sutures)	140.11	161.13
DG7	Incision and drainage abscess cellulitis	158.05	181.76
DG8	Excision of traumatic mucous cyst	186.81	214.83
DG10	Splint application or removal (for 3 splint units)	107.76	123.92
DG11	Cleaning of wound and removal of debris (initial examination or emergency use only)	49.26	56.65
DG14	Reduction of fractured alveolar process	104.92	120.66
DG15	Repositioning of displaced tooth (per tooth) or replacing avulsed tooth	52.44	60.31
DG17	Occlusal adjustment (simple) (for use on accident related teeth only and not to be used with restorative codes)	34.94	40.18
DG22	Minor surgical operations not otherwise covered by this schedule (provide clinical reasoning at time of invoice)	150.45	173.02
DG23	Provision of bite splints	215.54	247.87
Restorative			
DR1	Amalgam 1 surface filling (including 2 fillings on the one surface)	95.45	109.77
DR2	Amalgam 2 surface filling (approximo-occlusal)	124.85	143.58
DR3	Complex amalgam restoration	180.63	207.72
DR6	Non-metallic simple fillings (including 2 fillings on the one surface)	110.12	126.64
DR7	Non-metallic filling (2 or more surfaces per tooth)	146.87	168.90
DR8	Rebonding tooth fragment or coronal portion (if used with a restorative code DR ₆ – must show justification)	98.72	113.53
DR9	Complex reconstruction in composite resin (direct)	196.09	225.50
Prosthodontics			
DP1	Plastic denture (1 tooth – material of choice)	549.77	632.24
DP2	Each additional tooth (all dentures)	24.63	28.32
DP5	Metal-framed partial denture (1 tooth)	1,258.99	1,447.84
DP7	Transitional denture replacing missing tooth or teeth	500.87	576.00
DP8	Full upper or lower denture	821.10	944.27
DP11	Reline or rebase denture	257.06	295.62
DP13	Repair (all types)	83.96	96.55

Prosthodontics continued

DP14	Addition of tooth to existing denture (includes additional tooth)	154.21	177.34
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Inlay/Onlay and veneers

DC3	Indirect inlay/onlay	313.49	360.51
DC6	Porcelain veneer (includes any temporary treatment)	922.92	1,061.36
DC7	Composite resin veneer	201.15	231.32

Posts and cores

DC8	Post (wrought or pre-formed)	107.76	123.92
DC9	Composite or amalgam core	129.33	148.73
DC11	Cast post and core (metal or ceramic)	247.16	284.23

Crowns

DC15	All ceramic crown	1,091.24	1,254.93
DC16	Porcelain fused to metal crown	1,049.35	1,206.75
DC17	Cast gold crown (full and three-quarters)	986.44	1,134.41

Bridges

DC19	Maryland bridge (per unit)	760.34	874.39
DC20	Composite bridge (per unit)	251.44	289.16
DC25	Recementing crown/bridge/veneer/inlay	37.77	43.44
DC26	Non-composite bridge – on injured teeth that meet the requirement for a crown (3 units)	2,570.03	2,955.53
DC27	Replacement of non-composite bridge	3,075.00	3,536.25

Endodontics

DN1	Pulpotomy or pulpectomy (includes dressing)	143.70	165.26
DN2	Irrigation and dressing of root canal system (includes all temporary dressings)	145.86	167.74
DN3	Complete preparation and obturation of root canal (per canal) – open or closed apex	323.31	371.81
DN5	Apicoectomy and retrograde filling (per canal)	314.77	361.99
DN6	Removal of root filling (per canal)	252.53	290.41
DN7	Removal of post or post crown, or crown	252.53	290.41
DN8	Bleaching, 1 non-vital tooth (per treatment) (includes vital teeth)	179.61	206.55
DN9	Pulp capping	41.97	48.27
DN10	Removal of a fractured post or instrument	252.53	290.41
DN11	Repair of perforation	252.53	290.41

Endodontics continued

DN13	Negotiation of a calcified canal (can be used with item DN ₃)	252.53	290.41
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Periodontics

DD1	Gingivectomy (per tooth)	120.34	138.39
DD2	Crown lengthening (per tooth)	251.44	289.16
DD4	Sub gingival curettage (per tooth)	100.40	115.46
DD7	Site preparation for dental implant (bone grafting cannot be claimed with this code or with implant surgery)	367.21	422.29
DD8	Placement of membrane	393.43	452.44
DD9	Substitute bone material	157.36	180.96

Dental implants

DM1	Resilient linings (tooth or teeth) (one per arch if required in cases where upper and lower implants are placed at the same time)	75.55	86.88
DM2	Fixture head impressions and copings (per fixture)	403.92	464.51
DM3	Dental implant crown (per single unit)	1,259.01	1,447.86
DM4	Dental stent and guide (per fixture)	136.40	156.86
DM5	Definitive abutment (per fixture)	403.92	464.51
DM6	Temporary abutment (per fixture)	50.35	57.90
DM7	Repairs to abutments (per fixture)	87.38	100.49

Clients under 18 years old

DY1	Dental consultation, including examination (6 monthly or for a new treatment plan)	67.75	77.91
DY14	Temporary crown	125.91	144.80
DY15	Temporary bridge (per unit)	125.91	144.80
DY21	Surgical decoronation	440.67	506.77
DY22	Removal of deciduous teeth	30.78	35.40

Codes no longer in the Cost of Treatment Regulations but still used for billing

DG18	Removal of plates, wires and screws	437.19	502.77
DX6	Lateral or antero-posterior head films	69.07	79.43

Specific clauses

The clauses below are taken from the principal regulations that are in effect – the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. The clauses have been updated in line with the amendments in the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2024.

10 Dentists' costs

This regulation applies to the treatments specified in the Schedule under the heading "Dentists' costs". The Corporation is liable to pay, -

- a. for a claimant less than 18 years old at the time the claimant receives a treatment, -
 - i. the amount specified under the subheading "Claimants under 18 years old", if the treatment is specified under the subheading; or
 - ii. the amount specified elsewhere under the heading, if the treatment is not specified under the subheading referred to in subparagraph (i); and
- b. for any other claimant, the amount specified for the treatment other than under the subheading "Claimants under 18 years old".

However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

Disclaimer

All information in this publication was correct at the time of printing, May 2024. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and Regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.